

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

104- 92-589985

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

19262

012418

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILDO-FIRST (GIVEN): SHABAZZ	1B. MIDDLE: NAGEE	1C. LAST (FAMILY): MUHAMMAD
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC. -
	4A. DATE OF BIRTH-MONTH DAY YEAR NOVEMBER 13, 1992		4B. HOUR-(24 HOUR CLOCK TIME) 1643
PLACE OF BIRTH	5A. PLACE OF BIRTH-NAME OF HOSPITAL OR FACILITY MEMORIAL HOSPITAL MED CENTER		5B. STREET ADDRESS-STREET, NUMBER, OR LOCATION 2801 ATLANTIC AVE
	5C. CITY LONG BEACH		5D. COUNTY LOS ANGELES
FATHER OF CHILD	6A. NAME OF FATHER-FIRST (GIVEN): RON	6B. MIDDLE: JOSEPH	6C. LAST (FAMILY): MUHAMMAD
MOTHER OF CHILD	9A. NAME OF MOTHER-FIRST (GIVEN): FAYE	9B. MIDDLE: -	9C. LAST (MAIDEN): PAIGE
PARENT'S CERTIFICATION	12A. PARENT OR OTHER INFORMANT-SIGNATURE [REDACTED]		12B. RELATIONSHIP TO CHILDO LA
	13A. ATTENDANT OR CERTIFIER-SIGNATURE, LICENSE OR TITLE [REDACTED]		13B. LICENSE NUMBER 004593
CERTIFICATION OF BIRTH	13D. TYPED NAME, TITLE, AND MAILING ADDRESS OF ATTENDANT CLIFFORD HANCOCK MD, 3490 LINDEN AVE, LONG BCH		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT -
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	17. DATE ACCEPTED FOR REGISTRATION FEB 12 1993

INFORMED
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITYThis is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.Jongman E. Fielding mo
VE

DATE ISSUED

FEB 27 2013



100004906

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

